

POSITION	INVENTOR	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	4A	48 720	3/28/01 03-09-01
<b>RESPONSE FORMALITY REVIEW</b>	HA	858	6/28/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
1 (Original)	5/23
2	6/1/03
3	6/1/03
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Claim	Date
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If more than 150 claims or 10 sheets  
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